

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12378</u>	2. Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing.  Name <u>FLINT</u> <u>B TAYLOR</u>  P.O. Box, Bldg., Room No., if any  Street <u>RT 2 BOX 378</u>  City <u>MCLEANSBORO</u>  State <u>Illinois</u> ZIP Code + 4 <u>62859</u>	4. Name, file number, and address of labor organization.  Name <u>SOUTHERN &amp; CENTRAL IL LABORERS' DIST. COUNCIL</u>  Labor Organization File Number <u>025-884</u>  P.O. Box, Building and Room Number, if any <u>P.O. BOX 1240</u>  Street <u>805 W. DEYCLING</u>  City <u>MARION</u>  State <u>Illinois</u> ZIP Code + 4 <u>62959</u>
5. Position in labor organization. <u>FIELD REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name <u>NONE</u>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)		
Signed <u>Flint B. Taylor</u>	On <u>8-15-05</u>	<u>618-773-4326</u>
	Date	Telephone Number

Name of Person Filing <b>FLINT TAYLOR</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>ILLINOIS LECET</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>SUITE 525</b></p> <p>Street <b>1 NORTH OLD STATE CAPITOL PLAZA</b></p> <p>City <b>SPRINGFIELD</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>62701</b></p>	<p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>ILLINOIS LECET</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>SUITE 525</b></p> <p>Street <b>1 NORTH OLD STATE CAPITOL PLAZA</b></p> <p>City <b>SPRINGFIELD</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>62701</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>THE ILLINOIS LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) IS A PARTNERSHIP AND ALLIANCE BETWEEN THE LABORERS' INTERNATIONAL UNION OF NORTH AMERICA AND ITS SIGNATORY CONTRACTORS.</b></p> <p><b>I SERVE AS TRUSTEE.</b></p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p><b>1/18/04-01/22/04</b></p> <p><b>I ATTENDED LIUNA TRI-FUNDS CONFERENCE (EDUCATIONAL SEMINAR) IN ORLANDO, FLORIDA. I WAS REIMBURSED FOR RELATED TRAVEL, LODGING AND MEALS WHILE ATTENDING CONFERENCE.</b></p>
	<p>12.b. Amount. <span style="float: right;"><b>\$1,818</b></span></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b>Lakin Law Firm</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>P.O. Box 229</b></p> <p>Street <b>301 Evans Ave</b></p> <p>City <b>Woodriver</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>62095-0229</b></p>	<p>14.a. Nature of payment.</p> <p><b>12/10/04</b></p> <p><b>MY SPOUSE AND I ATTENDED A CHRISTMAS PARTY FOR DELEGATES TO THE SOUTHERN &amp; CENTRAL ILLINOIS LABORERS' DISTRICT COUNCIL THAT WAS SPONSORED IN PART BY THE LAKIN LAW FIRM.</b></p> <p><b>ESTIMATED COST WAS \$65.00 PER HEAD.</b></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment <span style="float: right;"><b>\$130</b></span></p>

Name of Person Filing FLINT TAYLOR

File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name SOUTHERN ILLINOIS LECET</p> <p>Trade Name, if any:</p> <p>P O Box, Bldg., Room No., if any P.O. BOX 1240</p> <p>Street 805 W. DEYOUNG</p> <p>City MARION</p> <p>State Illinois ZIP Code + 4 62959</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9 b or 9.c. is checked give trust or employer's name.</p> <p>Name SOUTHERN ILLINOIS LECET</p> <p>Trade Name, if any:</p> <p>P.O Box, Bldg., Room No., if any P.O. BOX 1240</p> <p>Street 805 W. DEYOUNG</p> <p>City MARION</p> <p>State Illinois ZIP Code + 4 62959</p>	<p>11.a. Nature of such dealing.</p> <p>SOUTHERN ILLINOIS LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION-SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE AND ADVANCES SHARED MARKET-RELATED INTERESTS.</p> <p>11.b. Approximate dollar value of such dealing</p> <p>12.a. Nature of interest held or income received.</p> <p>01/02/04 RECEIVED LECET KNIFE AND FLASK</p> <p>12.b. Amount. \$43</p>

Name of Person Filing FLINT TAYLOR

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS-EMPLOYERS COOPERATION & EDU. TRUST

Trade Name, if any:

P O. Box, Bldg., Room No., if any

Street 905 16TH STREET NORTHWEST

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LABORERS-EMPLOYERS COOPERATION & EDU TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH STREET NORTHWEST

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

11.a. Nature of such dealing.

LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET RELATED INTERESTS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest received or income received

01/18/04

I ATTENDED A RECEPTION AT THE LIUNA TRI-FUNDS CONFERENCE IN ORLANDO, FLORIDA.

ESTIMATED COST: 103.52

12.b. Amount.

\$104

Name of Person Filing FLINT TAYLOR	File Number U-
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**Part C Continuation Page**

C. <b>Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name LAKIN LAW FIRM  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. BOX 229  Street 301 EVANS AVE.  City WOODRIVER  State Illinois ZIP Code + 4 62095-0229	14.a. Nature of payment  06/15/04 ATTENDED ST. LOUIS CARDINAL BASEBALL GAME, TICKET AND REFRESHMENTS WERE PROVIDED.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/>	14.b. Amount of payment: \$140

C. <b>Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/>	14.b. Amount of payment.

C. <b>Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/>	14.b. Amount of payment

August 15, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, D.C. 20210

**Re: Form LM-30 Filing for Flint Taylor, U-1234, Labor Organization File No. 025-884**

Dear Sir or Madam:

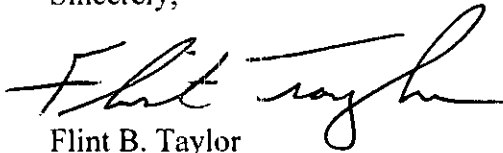
Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Farther, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,



Flint B. Taylor